PAGE 1 / 23

Image# 14960488966

FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	d Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Dennis Anderson for	Congress			
ADDRESS (number and street)	P.O. Box 8587			
Check if different than previously reported. (ACC)	Gunree		IL 6003 ⁴	1
2. FEC IDENTIFICATION	NUMBER ▼C	:ITY A	STATE A	ZIP CODE
C C00507459	3. IS ⁻ REI	THIS × NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Co. (a) Quarterly Reports: April 15 Quarterly	/ Report (Q1)	Day PRE-Election Report for the X Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
July 15 Quarterly October 15 Quar		ction on 11 / 06	/ Y Y Y Y 2014	in the State of
January 31 Year-	End Report (YE) (c) 30-E	Day POST-Election Report for th	e:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo		ction on	/ Y " Y " Y	in the State of
5. Covering Period	01 01 / Y Y Y 2014		M / D D / Y 26	Y Y Y 2014
I certify that I have examined Type or Print Name of Treasu		of my knowledge and belief it is	true, correct and con	nplete.
Signature of Treasurer Br	rett P. Smiley	[Electronically Filed]	Date 03 /	06 / Y Y Y Y Y Y 2014
NOTE: Submission of false, erro	oneous, or incomplete informat	ion may subject the person signin	g this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 23

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Dennis Anderson for Congress

01 02 26 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 10755.00 20819.70 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 10755.00 20819.70 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 6490.06 10008.23 (from Line 17) (b) Total Offsets to Operating 0.00 74.48 Expenditures (from Line 14)..... (c) Net Operating Expenditures 6490.06 9933.75 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 13575.59 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 59950.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

Dennis Anderson for Congress

Report Covering the Period: From: 01 01 2014 To: 02 26 2014

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	ONTRIBUTIONS (other than loans) FROM:		
(a	n) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	10400.00	16550.00
	(ii) Unitemized	355.00	3969.70
	(iii) TOTAL of contributions from individuals	10755.00	20519.70
(b	,	0.00	0.00
(c	s) Other Political Committees (such as PACs)	0.00	300.00
(c (∈	TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	10755.00	20819.70
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	OANS:		
(a	Made or Guaranteed by the Candidate	0.00	250.00
(k	·	0.00	0.00
(c	e) TOTAL LOANS (add Lines 13(a) and (b))	0.00	250.00
	FFSETS TO OPERATING		
	XPENDITURES Refunds, Rebates, etc.)	0.00	74.48
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
- 1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	10755.00	21144.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

	l	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPE	ERATING EXPENDITURES	6490.06	10008.23
18.		NNSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			200	200
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(-)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	ОТН	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	6490.06	10008.23
		III. CASH SU	MMARY	
3.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	9310.65
4	тот	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	10755.00
5.	SUE	BTOTAL (add Line 23 and Line 24)		20065.65
6.	тот	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	6490.06
		SH ON HAND AT CLOSE OF REPORTING		13575.59

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF (check only one) 11a 11b 11d 11c 12

23

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) **Donald Metivier** Date of Receipt Mailing Address 413 N Cold Springs Rd 2014 30 City State Zip Code Transaction ID: SA11AI.5413 IL 60098 Woodstock FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) **Donald Metivier** Date of Receipt Mailing Address 413 N Cold Springs Rd 30 2014 Citv State Zip Code Transaction ID: SA11AI.5414 Woodstock IL 60098 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary Meneral Control 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Susan Metivier Date of Receipt Mailing Address 413 N Cold Spring Rd 2014 30 City State Zip Code Transaction ID: SA11AI.5415 IL Woodstock 60098 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 2600.00 7800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page (check only of the Detailed Summary Page

FOR LINE NUMBER: [PAGE		o_	OF		23	
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	12		13a		13b		14	ļ		15

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	ny information copied from such Reports and St for commercial purposes, other than using the		
\rangle	NAME OF COMMITTEE (In Full) Dennis Anderson for Congress		
Α.	Full Name (Last, First, Middle Initial) Susan Metivier Mailing Address 413 N Cold Spring Rd City Woodstock FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify)	State Zip Code IL 60098 C Occupation Election Cycle-to-Date	Date of Receipt M M M / 30 2014 Transaction ID: SA11AI.5417 Amount of Each Receipt this Period 2600.00
3.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
Э.	Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)		2600.00

State:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Image# 14960488972		
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 23 (check only one) X 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Dennis Anderson for Congress		
Full Name (Last, First, Middle Initial) Act Blue Mailing Address 14 Arrow St, Suite 11		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount of Each Disbursement this Period 1.39 Transaction ID: SB17.5430
State: District:		I

Date of Disbursement

M M / D D / Y Y Y

Full Name (Last, First, Middle Initial) Act Blue

Mailing Address 14 Arrow S	St, Suite 11		02	18	2014
City Cambridge	State Zip Code MA 02138		Amount of	Each Disbu	rsement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name		Category/ Type	Transaction	ID : SB17.5	1.19 431
Office Sought: House Sens Pres State: District:					
Full Name (Last, First, Midd C. CFO - Compliance Mailing Address One Park Fifth Floor			Date of Di	sbursement 20	Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
City Providence Purpose of Disbursement Compliance Consulting Candidate Name	State Zip Code RI 02903	Category/	Amount of	,	165.00
Office Sought: Hour Sena Pres	2011	Type			

167.58

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""	14900400373			
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate sc for each categor	hedule(s) y of the	FOR LINE NUMBER: PAGE 8 OF 23 (check only one)
Δr	ny information copied from such Reports and Statements m	Detailed Summa		20a 20b 20c 21
	for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) Dennis Anderson for Congress			
A.	Full Name (Last, First, Middle Initial) Brian Herman			Date of Disbursement
	Mailing Address			01 26 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll			2500.00 Transaction ID : SB17.5435
	Candidate Name		Category/ Type	Transaction is 1 65 mic 166
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District:			
В.	Full Name (Last, First, Middle Initial) Brian Herman Mailing Address			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Amount of Each Disbursement this Period		
	Purpose of Disbursement Payroll			2750.00
	Candidate Name		Category/ Type	Transaction ID : SB17.5437
	Office Sought: House Senate President Disbursement For Primary Other (s	General	, ,,	
	State: District:			
C.	Full Name (Last, First, Middle Initial) Kane County Democrats			Date of Disbursement
	Mailing Address 700 East Main Street St.	02 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State Zi		Amount of Each Disbursement this Period	
	Saint Charles IL 6			
	Purpose of Disbursement Event Tickets		800.00	
	Candidate Name	Category/ Type	Transaction ID : SB17.5433	
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District:			

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6050.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE	R:		PAGE	9	OF	23
Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any poli							
	NAME OF COMMITTEE (In Full)			5				
\rangle	Dennis Anderson for Congress							
	Full Name (Last, First, Middle Initial)							
۸.	North Shore Printers		D	ate of	Disbu	rsement		
				M M	/ [D /	Y	Υ
	Mailing Address 535 South Sheridan Road		L	02		11	2014	
	City State Zip Code		А	mount	of Ead	ch Disburs	sement this F	Period
	Waukegan IL 60085			_	-			
	Purpose of Disbursement Printing			neacti	on ID :	SB17.543	272	.48
	Candidate Name	Category/		IISacıı	. טו ווט	3617.343) <u>Z</u>	
		Type						
	Office Sought: House Disbursement For: 2014							
	Senate Primary General							
	President Other (specify)							
	State: District:							
	Full Name (Last, First, Middle Initial)							
3.			D	ate of	Disbu	rsement		
	Mailing Adduses		_ [ММ	/ [D /	YYY	Υ
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		1			-			-
	Purpose of Disbursement		7 L	-	-			
	Candidate Name	Category/ Type	,					
	Office Sought: House Disbursement For:	.,,,,,						
	Senate Primary General							
	President Other (specify)							
	State: District:							
	Full Name (Last, First, Middle Initial)							
Э.			D	ate of	Disbu	rsement		
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	City State Zip Code		Α	mount	of Eac	ch Disburs	sement this F	Period
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	Candidate Name	Catagory	,					
		Category/ Type						
	Office Sought: Disbursement For:							
	Senate Primary General							
	President Other (specify)							
	State: District:							
			Г				272	48
S	UBTOTAL of Disbursements This Page (optional)		_ L	_	-		212	.+0
							6490	.06
T	OTAL This Period (last page this line number only)		L		- ,		3.00	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D16^D ^M 12^M 2011 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4275 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 03^M Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4338 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4284 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 010 ^M 03^M Ž012 ^M09 0011 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transact	tion ID : SC/10.4467
Dennis Anderson for Congre			
LOAN SOURCE Full Name (Last, F	First, Middle Initial)		Election: 2012 Primary
Dennis Anderson			General
Mailing Address P.O. Box 8587			Other (specify)
City	State ZIP Co	ode	
Gurnee	IL 60031		
Original Amount of Loan	Cumulative Payment To	o Date Balar	nce Outstanding at Close of This Period
2200	00	0.00	2200.00
TERMS Date Incurred	Date Due	e Interest Rate	Secured:
M05 ^M / D04 ^D / Y 2012	Y M M / D D / Y	Y Y Y 0.00	% (apr)
List All Endorsers or Guarantors (if any) to Loan Source		Yes No.
1. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	<u></u>
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	/
	,		
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
		Outstanding:	7 7 7
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
C:h.	Ctata ZID Cada	Amount Guaranteed	
-	State ZIP Code	Outstanding:	g g
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (o	ptional)		2200.00
OTALS This Period (last page in this	line only)	······	7 7
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Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4634 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 02 ^M06^M Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4636 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M ^D16 Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4637 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M06^M Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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AME OF COMMITTEE (In Full)			Trans	action	ID : SC/10.4638			
Dennis Anderson for Co	ongress							
LOAN SOURCE Full Name	(Last, First, Midd	lle Initial)		Ele	ection: 2012			
Dennis Anderson					Primary			
Mailing Address P.O. Box 8587				$\exists \vdash$	General Other (specify)	•		
City		State ZIP Co	de					
Gurnee		IL 60031						
Original Amount of Loan		Cumulative Payment To	Date Ba	alance	Outstanding at Cl	ose of Th	nis I	Period
	4000.00		0.00		2 1 2	4000).00	
TERMS Date Incurred		Date Due	Interest Ra	ate		Secured:		
M06 ^M / P19 ^D / Y	ž01ž Y		YYY		% (apr)	Yes	×	No
List All Endorsers or Guara	antors (if any) to	Loan Source				103		110
1. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed	-			7	
			Outstanding:	7	7		_	
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	,			
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount				Τ	
City	State	ZIP Code	Guaranteed Outstanding:	7	7		4	
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		-]	
SUBTOTALS This Period This I					7 7	4000).00	4
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(check only one) Detailed Summary Page Transaction ID: SC/10.5053 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 ^M 07^M Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5052 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D25 ^M 07^M Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M08^M Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5142 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2700.00 0.00 2700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5265 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) \blacktriangledown P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01^M ^D29^D 2013 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 250.00 TOTALS This Period (last page in this line only) 59950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.